
**Notice of Eligibility and Rights & Responsibilities under Family and Medical Leave
Policy for Employees of Maine State Government**

In general, to be eligible an employee must have worked for an employer for at least 12 months

[Part A – NOTICE OF ELIGIBILITY]

To: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

The birth of a child, or placement of a child with you for adoption or foster care;

Your own serious health condition;

Because you are needed to care for your spouse; domestic partner; child; parent; sibling due to his/her serious health condition.

Because of a qualifying exigency arising out of the fact that your spouse; domestic partner; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

Because you are the spouse; domestic partner; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

Are eligible for FML (See Part B below for Rights and Responsibilities)

Are **not** eligible for FML because (only one reason need be checked, although you may not be eligible for other reasons):

You have not met the FML's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.

You have exhausted your FML entitlement for this calendar year.

If you have any questions, contact _____ or view the FML posters located in _____

[Part B-RIGHTS AND RESPONSIBILITIES FOR TAKING FML]

As explained in Part A, you meet the eligibility requirements for taking FML and still have FML available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FML, you must return the attached certification to us by _____.** (15 calendar days) If sufficient information is not provided in a timely manner, you may be denied.

Sufficient certification to support your request for FML. A certification form that sets forth the information necessary to support your request **is/ is not** enclosed.

Sufficient documentation to establish the required relationship between you and your family member.

Other information needed: _____

No additional information requested.

PLEASE PAY PARTICULAR ATTENTION TO THE STATEMENTS HIGHLIGHTED IN ORDER TO PROTECT YOUR BENEFITS

If your leave does qualify as FML you will have the following **responsibilities** while on FML (only checked blanks apply):

If you will be going off payroll and the State pays 100% of the cost for your health and dental coverage, your coverage will continue during your FML leave without any further action on your part. If you currently contribute for either your own and/or your dependent's coverage, you must contact the Office of Employee Health at 287-6780 (TTY: 800-422-4503) to make arrangements to either continue to pay the premiums for such coverage or temporarily suspend coverage. Failure to do so may result in the cancellation of coverage. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided you are notified in writing at least 15 days before the date that your health coverage will lapse.

You will be required to use your accrued sick leave during your FML absence before going on unpaid leave – unless the reason for your leave request is for reasons other than a serious medical condition for you or family members (e.g. child bonding leave, foster care/adoption leave, military exigency leave). You are also not required to use sick time before taking unpaid FML if you are being paid income protection or receiving income from some other short-term disability plan and choose not to use sick time. In that case you must inform human resources at the time you go out. Confidential employees must use all of their sick time before becoming eligible for state provided temporary disability benefits and, therefore, do not have this option. You may choose to use other paid leave (vacation, personal, or compensatory leave) while out on FML and that leave will also be considered FML and counted against your FML entitlement. If your paid leave is exhausted, you will be placed on unpaid FML leave until you either return to work or exhaust your FML entitlement.

For questions on what steps are necessary to maintain your life insurance, please call the Maine Public Employees Retirement System (MainePERS) at 1-800-451-9800.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work upon request.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work. If this occurs you will be required to provide a return to work doctor's note, to include what, if any, restrictions and the anticipated duration of these restrictions.

If your leave does qualify as FML leave you will have the following **rights** while on FML:

- You have a right for up to 12 weeks of unpaid leave in a calendar year, beginning January 1.
- You have a right for up to 26 weeks of unpaid leave in a single 12-month period for care of a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FML. (If your leave extends beyond the end of your FML entitlement, you do not have return rights under the State FML policy.)
- If you do not return to work following FML for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FML; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FML; or 3) other circumstances beyond your control, you may be required to reimburse the State for its share of health and/or dental insurance premiums paid on your behalf during your FM leave.

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- You have been informed above that you must use accrued sick leave before going on unpaid FML. You have the right to substitute vacation, compensation or personal leave for unpaid FML either before or after sick leave is exhausted.

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____ at _____.

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